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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **INSTRUCTIONS:**  Pursuant to KRS 186.164 and 601 KAR 9:130, organizations must be non-profit and must develop the plate design per Transportation Cabinet (Cabinet) specifications. Application submissions must be made ten (10) business days prior to quarterly meetings. Organizations are required to remit programming and production costs to the Division of Motor Vehicle Licensing prior to the beginning of production and within two (2) consecutive calendar years from the original date of application. Failure to comply will require the organization to restart the application process. | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 1: ORGANIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | **NAME** | | | | | | | | | | | | | | | | | | | | | | | | **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | **CITY** | | | | | | **STATE** | | | | | | | | | **ZIP** | | | | | | | | | **ORGANIZATION CONTACT** | | | | | | **EMAIL** | | | | | | | | | **PHONE** | | | | | | | | | **ORGANIZATION OFFICERS** | | | | | | | | | | | | | | | | | | | | | | | | | **PRINTED NAME** | | | | | | | **TITLE** | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | The organization’s fiscal year ends the month of | | | |  | | | | . |  |  |  | | |  | | |  |  |  |  |  | | | |  | | | |  | | | |  |  |  |  | | |  | | |  |  |  |  |  | | | | **SECTION 2: DONATION AFFIDAVIT** | | | | | | | | | | | | | | | | | | | | | | | | | The mandatory annual $10 fund fee, paid by individuals at initial purchase and annual renewal, will be retained by the Cabinet and remitted to this organization annually. An audit of the organization’s plate funds must be submitted to the Cabinet annually as outlined in KRS 186.164, using form TC 96-324.  **The organization attests that funds received will be used for the following purpose(s):** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  | | | | | | |  |  | | |  | | | | | |  | |  | **ORGANIZATION CONTACT SIGNATURE** |  |  | | **TITLE** | | | | | | |  |  | | | **DATE** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Subscribed and attested before me this date | | | | |  | | / |  | / |  | |  |  | |  |  | |  | |  |  |  | |  | |  | |  | | | | | MM | |  | DD |  | YYYY | |  |  | |  |  | |  | |  |  |  | |  | |  | | Attesting Official/Notary Signature & Title | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | My commission #: |  | | |  | | My commission expires | | | | |  | | / |  | | | / | |  | | | | . | |  | | |  |  | |  | | |  | | | | | MM | |  | DD | | |  | | YYYY | | | |  | |  | | |